



NORTH CAROLINA DIVISION OF MOTOR VEHICLES
3118 MAIL SERVICE CENTER RALEIGH, N.C. 27697-3118
(919) 715-7000

LIABILITY INSURANCE HEARING REQUEST

I, _____, request a liability insurance hearing, which is held by telephone, to contest the revocation of the registration for the vehicle(s) listed below. In submitting this request, I understand that the entire hearing fee of \$60 must be submitted with this form for the hearing request to be processed.

Please see Admin code 19A NCAC 03K .0101 for further information.

If you have a valid NC registration; your hearing request cannot be processed if no current insurance is present. You will need to attach a current FS-1 (North Carolina Certificate of Insurance) or request this document be submitted electronically from your auto insurance company.

License Plate # (if unknown, provide Vehicle Identification Number):

A ten-digit daytime telephone number is required:

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(area code) XXX – XXXX

Residential Address

Print Name: _____

Signature: _____ **Date** _____

All Requests should be mailed to: Division of Motor Vehicles, Attn: Administrative Support Unit, 3118 Mail Service Center, Raleigh, North Carolina 27697-3118.

*Please note, hearing requests are not valid unless accompanied by payment of \$60 or completed Affidavit of Indigency and will not be processed. If it is determined that a hearing is not authorized, the Division will retain a processing fee.

*You may cancel your hearing at any time, however, please review the cancellation request form for terms and conditions for partial refunds.